

**DHHS / OSMB Review  
Permanent Rules Proposed for Repeal**

**Agency Proposing Rule Change**

N.C. Department of Health and Human Services/Division of Health Service Regulation

**Contact Persons**

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**Impact Summary:**

State government: No

Local government: No

Substantial impact: No

Federal government: No

Small businesses: No

**Titles of Rules Proposed for Repeal**

10A NCAC 14B .0101-.0141, .0150, .0152-.0161, .0163-.0193, .0194-.0195, .0201-.0207, .0209-.0246, .0251-.0285, .0289, .0291-.0295.

**Authorizing Statute:** G.S. 150B-2(8a)k.

**Background and anticipated fiscal impact**

The State Medical Facilities Plan required rules under Subchapter 10A NCAC 14B for the development of the annual Plan. Session Law 2003-229 amended G.S. 150B by adding language to the definition of a rule that excluded the State Medical Facilities Plan from the definition of a rule and therefore, rulemaking procedures. Subsequently, each year a public hearing is held regarding the Plan, comments are accepted, the Plan is reviewed by the Rules Review Commission for compliance and is ultimately approved by the governor according to statute.

**Summary of Revisions and its Anticipated Fiscal Impact**

The rules contained in Subchapter 14B of 10A NCAC are obsolete and are in need of repeal. This was identified during the review of rules with Executive Order #70. There is no fiscal impact with the repeal of these rules which have not been used by the agency since 2003.

## **Appendix Proposed Rule Changes**

10A NCAC 14B .0101 - .0141 are proposed to be repealed as follows:

<b>10A NCAC 14B .0101</b>	<b>APPLICABILITY OF RULES RELATED TO THE 1999 STATE MEDICAL FACILITIES PLAN</b>
<b>10A NCAC 14B .0102</b>	<b>CERTIFICATE OF NEED REVIEW CATEGORIES</b>
<b>10A NCAC 14B .0103</b>	<b>CERTIFICATE OF NEED REVIEW SCHEDULE</b>
<b>10A NCAC 14B .0104</b>	<b>MULTI-COUNTY GROUPINGS</b>
<b>10A NCAC 14B .0105</b>	<b>SERVICE AREAS AND PLANNING AREAS</b>
<b>10A NCAC 14B .0106</b>	<b>REALLOCATIONS AND ADJUSTMENTS</b>
<b>10A NCAC 14B .0107</b>	<b>ACUTE CARE BED NEED DETERMINATION (REVIEW CATEGORY A)</b>
<b>10A NCAC 14B .0108</b>	<b>REHABILITATION BED NEED DETERMINATION (REVIEW CATEGORY E)</b>
<b>10A NCAC 14B .0109</b>	<b>AMBULATORY SURGICAL FACILITIES NEED DETERMINATION (REVIEW CATEGORY E)</b>
<b>10A NCAC 14B .0110</b>	<b>OPEN HEART SURGERY SERVICES NEED DETERMINATIONS (REVIEW CATEGORY H)</b>
<b>10A NCAC 14B .0111</b>	<b>HEART-LUNG BYPASS MACHINES NEED DETERMINATION (REVIEW CATEGORY H)</b>
<b>10A NCAC 14B .0112</b>	<b>FIXED CARDIAC CATHETERIZATION EQUIPMENT AND FIXED CARDIAC ANGIOPLASTY EQUIPMENT NEED DETERMINATION (REVIEW CATEGORY J)</b>
<b>10A NCAC 14B .0113</b>	<b>MOBILE CARDIAC CATHETERIZATION EQUIPMENT AND MOBILE CARDIAC ANGIOPLASTY EQUIPMENT NEED DETERMINATION (REVIEW CATEGORY J)</b>
<b>10A NCAC 14B .0114</b>	<b>BURN INTENSIVE CARE SERVICES NEED DETERMINATION (REVIEW CATEGORY H)</b>
<b>10A NCAC 14B .0115</b>	<b>POSITRON EMISSION TOMOGRAPHY SCANNERS NEED DETERMINATION (REVIEW CATEGORY H)</b>
<b>10A NCAC 14B .0116</b>	<b>BONE MARROW TRANSPLANTATION SERVICES NEED DETERMINATION (REVIEW CATEGORY H)</b>
<b>10A NCAC 14B .0117</b>	<b>SOLID ORGAN TRANSPLANTATION SERVICES NEED DETERMINATION (REVIEW CATEGORY H)</b>
<b>10A NCAC 14B .0118</b>	<b>GAMMA KNIFE NEED DETERMINATION (REVIEW CATEGORY H)</b>
<b>10A NCAC 14B .0119</b>	<b>LITHOTRIPTER NEED DETERMINATION (REVIEW CATEGORY H)</b>
<b>10A NCAC 14B .0120</b>	<b>RADIATION ONCOLOGY TREATMENT CENTERS NEED DETERMINATION (REVIEW CATEGORY H)</b>

<b>10A NCAC 14B .0121</b>	<b>MAGNETIC RESONANCE IMAGING SCANNERS NEED DETERMINATION (REVIEW CATEGORY H)</b>
<b>10A NCAC 14B .0122</b>	<b>NURSING CARE BED NEED DETERMINATION (REVIEW CATEGORY B)</b>
<b>10A NCAC 14B .0123</b>	<b>HOME HEALTH AGENCY OFFICE NEED DETERMINATION (REVIEW CATEGORY F)</b>
<b>10A NCAC 14B .0124</b>	<b>DIALYSIS STATION NEED DETERMINATION</b>
<b>10A NCAC 14B .0125</b>	<b>HOSPICE NEED DETERMINATION (REVIEW CATEGORY F)</b>
<b>10A NCAC 14B .0126</b>	<b>HOSPICE INPATIENT FACILITY BED NEED DETERMINATION (REVIEW CATEGORY F)</b>
<b>10A NCAC 14B .0127</b>	<b>PSYCHIATRIC BED NEED DETERMINATION (REVIEW CATEGORY C)</b>
<b>10A NCAC 14B .0128</b>	<b>CHEMICAL DEPENDENCY (SUBSTANCE ABUSE) TREATMENT BED NEED DETERMINATION (REVIEW CATEGORY C)</b>
<b>10A NCAC 14B .0129</b>	<b>INTERMEDIATE CARE BEDS FOR THE MENTALLY RETARDED NEED DETERMINATION (REVIEW CATEGORY C)</b>
<b>10A NCAC 14B .0130</b>	<b>POLICIES FOR GENERAL ACUTE CARE HOSPITALS</b>
<b>10A NCAC 14B .0131</b>	<b>POLICIES FOR INPATIENT REHABILITATION SERVICES</b>
<b>10A NCAC 14B .0132</b>	<b>POLICY FOR AMBULATORY SURGICAL FACILITIES</b>
<b>10A NCAC 14B .0133</b>	<b>POLICY FOR PROVISION OF HOSPITAL-BASED LONG-TERM NURSING CARE</b>
<b>10A NCAC 14B .0134</b>	<b>POLICY FOR NURSING CARE BEDS IN CONTINUING CARE FACILITIES</b>
<b>10A NCAC 14B .0135</b>	<b>POLICY FOR DETERMINATION OF NEED FOR ADDITIONAL NURSING BEDS IN SINGLE PROVIDER COUNTIES</b>
<b>10A NCAC 14B .0136</b>	<b>POLICY FOR RELOCATION OF CERTAIN NURSING FACILITY BEDS</b>
<b>10A NCAC 14B .0137</b>	<b>POLICY FOR HOME HEALTH SERVICES</b>
<b>10A NCAC 14B .0138</b>	<b>POLICY FOR END-STAGE RENAL DISEASE DIALYSIS SERVICES</b>
<b>10A NCAC 14B .0139</b>	<b>POLICIES FOR PSYCHIATRIC INPATIENT FACILITIES</b>
<b>10A NCAC 14B .0140</b>	<b>POLICY FOR CHEMICAL DEPENDENCY TREATMENT FACILITIES</b>
<b>10A NCAC 14B .0141</b>	<b>POLICIES FOR INTERMEDIATE CARE FACILITIES FOR MENTALLY RETARDED</b>

*History Note:* Authority G.S. 131E-176(25); 131E-177(1); 131E-183(b);  
Temporary Adoption Eff. January 1, 1999;  
Temporary Amendment Eff. July 22, 1999;  
Temporary Expired on October 12, 1999;  
Eff. August 1, ~~2000~~ 2000;  
Repealed Eff. April 1, 2012.

10A NCAC 14B .0150 is proposed to be repealed as follows:

**10A NCAC 14B .0150     APPLICABILITY OF RULES RELATED TO THE 2000 STATE MEDICAL  
FACILITIES PLAN**

*History Note:     Authority G.S. 131E-176(25); 131E-177(1); 131E-183(b);  
Temporary Adoption Eff. January 1, 2000;  
Eff. April 1, ~~2001~~; 2001;  
Repealed Eff. April 1, 2012.*

10A NCAC 14B .0152 - .0161 are proposed to be repealed as follows:

- 10A NCAC 14B .0152     CERTIFICATE OF NEED REVIEW SCHEDULE**
- 10A NCAC 14B .0153     MULTI-COUNTY GROUPINGS**
- 10A NCAC 14B .0154     SERVICE AREAS AND PLANNING AREAS**
- 10A NCAC 14B .0155     REALLOCATIONS AND ADJUSTMENTS**
- 10A NCAC 14B .0156     ACUTE CARE BED NEED DETERMINATION (REVIEW CATEGORY A)**
- 10A NCAC 14B .0157     REHABILITATION BED NEED DETERMINATION (REVIEW CATEGORY E)**
- 10A NCAC 14B .0158     AMBULATORY SURGICAL FACILITIES NEED DETERMINATION (REVIEW  
CATEGORY E)**
- 10A NCAC 14B .0159     OPEN HEART SURGERY SERVICES NEED DETERMINATIONS (REVIEW  
CATEGORY H)**
- 10A NCAC 14B .0160     HEART-LUNG BYPASS MACHINES NEED DETERMINATION (REVIEW  
CATEGORY H)**
- 10A NCAC 14B .0161     FIXED CARDIAC CATHETERIZATION EQUIPMENT AND FIXED CARDIAC  
ANGIOPLASTY EQUIPMENT NEED DETERMINATION (REVIEW CATEGORY J)**

*History Note:     Authority G.S. 131E-176(25); 131E-177(1); 131E-177(I); 131E-183(b); 131E-183(1);  
Temporary Adoption Eff. August 17, 2000; January 1, 2000;  
Eff. April 1, ~~2001~~; 2001;  
Repealed Eff. April 1, 2012.*

10A NCAC 14B .0163 - .0193 are proposed to be repealed as follows:

<b>10A NCAC 14B .0163</b>	<b>BURN INTENSIVE CARE SERVICES NEED DETERMINATION (REVIEW CATEGORY H)</b>
<b>10A NCAC 14B .0164</b>	<b>POSITRON EMISSION TOMOGRAPHY SCANNERS NEED DETERMINATION (REVIEW CATEGORY H)</b>
<b>10A NCAC 14B .0165</b>	<b>BONE MARROW TRANSPLANTATION SERVICES NEED DETERMINATION (REVIEW CATEGORY H)</b>
<b>10A NCAC 14B .0166</b>	<b>SOLID ORGAN TRANSPLANTATION SERVICES NEED DETERMINATION (REVIEW CATEGORY H)</b>
<b>10A NCAC 14B .0167</b>	<b>GAMMA KNIFE NEED DETERMINATION (REVIEW CATEGORY H)</b>
<b>10A NCAC 14B .0168</b>	<b>LITHOTRIPTER NEED DETERMINATION (REVIEW CATEGORY H)</b>
<b>10A NCAC 14B .0169</b>	<b>RADIATION ONCOLOGY TREATMENT CENTERS NEED DETERMINATION (REVIEW CATEGORY H)</b>
<b>10A NCAC 14B .0170</b>	<b>MAGNETIC RESONANCE IMAGING SCANNERS NEED DETERMINATION (REVIEW CATEGORY H)</b>
<b>10A NCAC 14B .0171</b>	<b>MAGNETIC RESONANCE IMAGING SCANNERS NEED DETERMINATION FOR PLANNING RADIATION ONCOLOGY TREATMENTS (REVIEW CATEGORY H)</b>
<b>10A NCAC 14B .0172</b>	<b>NURSING CARE BED NEED DETERMINATION (REVIEW CATEGORY B)</b>
<b>10A NCAC 14B .0173</b>	<b>DEMONSTRATION PROJECT FOR CONTINUING CARE OF ADULTS WITH DEVELOPMENTAL DISABILITIES AND THEIR AGING CAREGIVERS (REVIEW CATEGORY J)</b>
<b>10A NCAC 14B .0174</b>	<b>HOME HEALTH AGENCY OFFICE NEED DETERMINATION (REVIEW CATEGORY F)</b>
<b>10A NCAC 14B .0175</b>	<b>DIALYSIS STATION NEED DETERMINATION METHODOLOGY</b>
<b>10A NCAC 14B .0176</b>	<b>DIALYSIS STATION ADJUSTED NEED DETERMINATION (REVIEW CATEGORY G)</b>
<b>10A NCAC 14B .0177</b>	<b>HOSPICE NEED DETERMINATION (REVIEW CATEGORY F)</b>
<b>10A NCAC 14B .0178</b>	<b>HOSPICE INPATIENT FACILITY BED NEED DETERMINATION (REVIEW CATEGORY F)</b>
<b>10A NCAC 14B .0179</b>	<b>PSYCHIATRIC BED NEED DETERMINATION (REVIEW CATEGORY C)</b>
<b>10A NCAC 14B .0180</b>	<b>CHEMICAL DEPENDENCY (SUBSTANCE ABUSE) TREATMENT BED NEED DETERMINATION (REVIEW CATEGORY C)</b>
<b>10A NCAC 14B .0181</b>	<b>INTERMEDIATE CARE BEDS FOR THE MENTALLY RETARDED NEED DETERMINATION (REVIEW CATEGORY C)</b>
<b>10A NCAC 14B .0182</b>	<b>POLICIES FOR GENERAL ACUTE CARE HOSPITALS</b>
<b>10A NCAC 14B .0183</b>	<b>POLICIES FOR INPATIENT REHABILITATION SERVICES</b>
<b>10A NCAC 14B .0184</b>	<b>POLICY FOR AMBULATORY SURGICAL FACILITIES</b>

<b>10A NCAC 14B .0185</b>	<b>POLICY FOR PROVISION OF HOSPITAL-BASED LONG-TERM NURSING CARE</b>
<b>10A NCAC 14B .0186</b>	<b>POLICY FOR PLAN EXEMPTION FOR CONTINUING CARE RETIREMENT COMMUNITIES</b>
<b>10A NCAC 14B .0187</b>	<b>POLICY FOR DETERMINATION OF NEED FOR ADDITIONAL NURSING BEDS IN SINGLE PROVIDER COUNTIES</b>
<b>10A NCAC 14B .0188</b>	<b>POLICY FOR RELOCATION OF CERTAIN NURSING FACILITY BEDS</b>
<b>10A NCAC 14B .0189</b>	<b>POLICIES FOR HOME HEALTH SERVICES</b>
<b>10A NCAC 14B .0190</b>	<b>POLICY FOR RELOCATION OF DIALYSIS STATIONS</b>
<b>10A NCAC 14B .0191</b>	<b>POLICIES FOR PSYCHIATRIC INPATIENT FACILITIES</b>
<b>10A NCAC 14B .0192</b>	<b>POLICY FOR CHEMICAL DEPENDENCY TREATMENT FACILITIES</b>
<b>10A NCAC 14B .0193</b>	<b>POLICIES FOR INTERMEDIATE CARE FACILITIES FOR MENTALLY RETARDED</b>

*History Note:* Authority G.S. 131E-176(25); 131E-177(1); 131E-183(b);  
Temporary Adoption Eff. August 17, 2000; January 1, 2000;  
Eff. April 1, ~~2001~~; 2001;  
Repealed Eff. April 1, 2012.

10A NCAC 14B .0194 - .0195 are proposed to be repealed as follows:

<b>10A NCAC 14B .0194</b>	<b>EQUIPMENT NEED DETERMINATIONS FOR 1996 SMFP (REVIEW CATEGORY H)</b>
<b>10A NCAC 14B .0195</b>	<b>OPEN HEART SURGERY SERVICES NEED DETERMINATIONS FOR 1996 SMFP (REVIEW CATEGORY H)</b>

*History Note:* Authority G.S. 131E-176(25); 131E-177(1); 131E-183(b);  
Eff. August 1, ~~1998~~; 1998;  
Repealed Eff. April 1, 2012.

10A NCAC 14B .0201 - .0207 are proposed to be repealed as follows:

<b>10A NCAC 14B .0201</b>	<b>APPLICABILITY OF RULES RELATED TO THE 2001 STATE MEDICAL FACILITIES PLAN</b>
<b>10A NCAC 14B .0202</b>	<b>CERTIFICATE OF NEED REVIEW SCHEDULE</b>
<b>10A NCAC 14B .0203</b>	<b>MULTI-COUNTY GROUPINGS</b>
<b>10A NCAC 14B .0204</b>	<b>SERVICE AREAS AND PLANNING AREAS</b>
<b>10A NCAC 14B .0205</b>	<b>REALLOCATIONS AND ADJUSTMENTS</b>
<b>10A NCAC 14B .0206</b>	<b>ACUTE CARE BED NEED DETERMINATION (REVIEW CATEGORY A)</b>
<b>10A NCAC 14B .0207</b>	<b>REHABILITATION BED NEED DETERMINATION (REVIEW CATEGORY E)</b>

*History Note: Authority G.S. 131E-176(25); 131E-177(1); 131E-183(b); 131E-183(1);  
Temporary Adoption Eff. May 1, 2001; January 1, 2001;  
Eff. August 1, ~~2002~~, 2002;  
Repealed Eff. April 1, 2012.*

10A NCAC 14B .0209 - .0246 are proposed to be repealed as follows:

<b>10A NCAC 14B .0209</b>	<b>OPEN HEART SURGERY SERVICES NEED DETERMINATIONS (REVIEW CATEGORY H)</b>
<b>10A NCAC 14B .0210</b>	<b>HEART-LUNG BYPASS MACHINES NEED DETERMINATION (REVIEW CATEGORY H)</b>
<b>10A NCAC 14B .0211</b>	<b>FIXED CARDIAC CATHETERIZATION EQUIPMENT AND FIXED CARDIAC ANGIOPLASTY EQUIPMENT NEED DETERMINATIONS (REVIEW CATEGORY H)</b>
<b>10A NCAC 14B .0212</b>	<b>SHARED FIXED CARDIAC CATHETERIZATION EQUIPMENT NEED DETERMINATION (REVIEW CATEGORY H)</b>
<b>10A NCAC 14B .0213</b>	<b>BURN INTENSIVE CARE SERVICES NEED DETERMINATION (REVIEW CATEGORY H)</b>
<b>10A NCAC 14B .0214</b>	<b>POSITRON EMISSION TOMOGRAPHY SCANNERS NEED DETERMINATION (REVIEW CATEGORY H)</b>
<b>10A NCAC 14B .0215</b>	<b>BONE MARROW TRANSPLANTATION SERVICES NEED DETERMINATION (REVIEW CATEGORY H)</b>
<b>10A NCAC 14B .0216</b>	<b>SOLID ORGAN TRANSPLANTATION SERVICES NEED DETERMINATION (REVIEW CATEGORY H)</b>

<b>10A NCAC 14B .0217</b>	<b>GAMMA KNIFE UNIT NEED DETERMINATION (REVIEW CATEGORY H)</b>
<b>10A NCAC 14B .0218</b>	<b>LITHOTRIPTER NEED DETERMINATION (REVIEW CATEGORY H)</b>
<b>10A NCAC 14B .0219</b>	<b>RADIATION ONCOLOGY TREATMENT CENTERS NEED DETERMINATION (REVIEW CATEGORY H)</b>
<b>10A NCAC 14B .0220</b>	<b>MAGNETIC RESONANCE IMAGING SCANNERS NEED DETERMINATION BASED ON FIXED MRI SCANNER UTILIZATION (REVIEW CATEGORY H)</b>
<b>10A NCAC 14B .0221</b>	<b>MAGNETIC RESONANCE IMAGING SCANNERS NEED DETERMINATION BASED ON MOBILE MRI SCANNER UTILIZATION (REVIEW CATEGORY H)</b>
<b>10A NCAC 14B .0222</b>	<b>NURSING CARE BED NEED DETERMINATION (REVIEW CATEGORY B)</b>
<b>10A NCAC 14B .0223</b>	<b>MEDICARE-CERTIFIED HOME HEALTH AGENCY OFFICE NEED DETERMINATION (REVIEW CATEGORY F)</b>
<b>10A NCAC 14B .0224</b>	<b>DIALYSIS NEED DETERMINATION METHODOLOGY FOR REVIEWS BEGINNING JANUARY 1, 2001</b>
<b>10A NCAC 14B .0225</b>	<b>DIALYSIS STATION NEED DETERMINATION METHODOLOGY FOR REVIEWS BEGINNING SEPTEMBER 1, 2001</b>
<b>10A NCAC 14B .0226</b>	<b>HOSPICE CARE NEED DETERMINATION (REVIEW CATEGORY F)</b>
<b>10A NCAC 14B .0227</b>	<b>HOSPICE INPATIENT FACILITY BED NEED DETERMINATION (REVIEW CATEGORY F)</b>
<b>10A NCAC 14B .0228</b>	<b>PSYCHIATRIC BED NEED DETERMINATION (REVIEW CATEGORY C)</b>
<b>10A NCAC 14B .0229</b>	<b>CHEMICAL DEPENDENCY (SUBSTANCE ABUSE) TREATMENT BED NEED DETERMINATION (REVIEW CATEGORY C)</b>
<b>10A NCAC 14B .0230</b>	<b>CHEMICAL DEPENDENCY (SUBSTANCE ABUSE) ADULT DETOX-ONLY BED NEED DETERMINATION (REVIEW CATEGORY C)</b>
<b>10A NCAC 14B .0231</b>	<b>INTERMEDIATE CARE BEDS FOR THE MENTALLY RETARDED NEED DETERMINATION (REVIEW CATEGORY C)</b>
<b>10A NCAC 14B .0232</b>	<b>POLICIES FOR GENERAL ACUTE CARE HOSPITALS</b>
<b>10A NCAC 14B .0233</b>	<b>POLICIES FOR CARDIAC CATHETERIZATION EQUIPMENT AND SERVICES</b>
<b>10A NCAC 14B .0234</b>	<b>POLICIES FOR TRANSPLANTATION SERVICES</b>
<b>10A NCAC 14B .0235</b>	<b>POLICY FOR MRI SCANNERS</b>
<b>10A NCAC 14B .0236</b>	<b>POLICY FOR PROVISION OF HOSPITAL-BASED LONG-TERM CARE NURSING CARE</b>
<b>10A NCAC 14B .0237</b>	<b>POLICY FOR PLAN EXEMPTION FOR CONTINUING CARE RETIREMENT COMMUNITIES</b>
<b>10A NCAC 14B .0238</b>	<b>POLICY FOR DETERMINATION OF NEED FOR ADDITIONAL NURSING BEDS IN SINGLE PROVIDER COUNTIES</b>



<b>10A NCAC 14B .0239</b>	<b>POLICY FOR RELOCATION OF CERTAIN NURSING FACILITY BEDS</b>
<b>10A NCAC 14B .0240</b>	<b>POLICY FOR TRANSFER OF BEDS FROM STATE PSYCHIATRIC HOSPITAL NURSING FACILITIES TO COMMUNITY FACILITIES</b>
<b>10A NCAC 14B .0241</b>	<b>POLICIES FOR RELOCATION OF NURSING FACILITY BEDS</b>
<b>10A NCAC 14B .0242</b>	<b>POLICIES FOR MEDICARE-CERTIFIED HOME HEALTH SERVICES</b>
<b>10A NCAC 14B .0243</b>	<b>POLICY FOR RELOCATION OF DIALYSIS STATIONS</b>
<b>10A NCAC 14B .0244</b>	<b>POLICIES FOR PSYCHIATRIC INPATIENT FACILITIES</b>
<b>10A NCAC 14B .0245</b>	<b>POLICY FOR CHEMICAL DEPENDENCY TREATMENT FACILITIES</b>
<b>10A NCAC 14B .0246</b>	<b>POLICIES FOR INTERMEDIATE CARE FACILITIES FOR MENTALLY RETARDED</b>

*History Note: Authority G.S. 131E-176(25); 131E-177(1); 131E-183(b);  
Temporary Adoption Eff. January 1, 2001;  
Eff. August 1, ~~2002~~ 2002;  
Repealed Eff. April 1, 2012.*

10A NCAC 14B .0251 - .0285 are proposed to be repealed as follows:

<b>10A NCAC 14B .0251</b>	<b>APPLICABILITY OF RULES RELATED TO THE 2002 STATE MEDICAL FACILITIES PLAN</b>
<b>10A NCAC 14B .0252</b>	<b>CERTIFICATE OF NEED REVIEW SCHEDULE</b>
<b>10A NCAC 14B .0253</b>	<b>MULTI-COUNTY GROUPINGS</b>
<b>10A NCAC 14B .0254</b>	<b>SERVICE AREAS AND PLANNING AREAS</b>
<b>10A NCAC 14B .0255</b>	<b>REALLOCATIONS AND ADJUSTMENTS</b>
<b>10A NCAC 14B .0256</b>	<b>ACUTE CARE BED NEED DETERMINATION (REVIEW CATEGORY A)</b>
<b>10A NCAC 14B .0257</b>	<b>INPATIENT REHABILITATION BED NEED DETERMINATION (REVIEW CATEGORY E)</b>
<b>10A NCAC 14B .0258</b>	<b>OPERATING ROOM NEED DETERMINATIONS (REVIEW CATEGORY E)</b>
<b>10A NCAC 14B .0259</b>	<b>OPEN HEART SURGERY SERVICES NEED DETERMINATION (REVIEW CATEGORY H)</b>
<b>10A NCAC 14B .0260</b>	<b>HEART-LUNG BYPASS MACHINES NEED DETERMINATIONS (REVIEW CATEGORY H)</b>
<b>10A NCAC 14B .0261</b>	<b>FIXED CARDIAC CATHETERIZATION/ANGIOPLASTY EQUIPMENT NEED DETERMINATIONS (REVIEW CATEGORY H)</b>

<b>10A NCAC 14B .0262</b>	<b>SHARED FIXED CARDIAC CATHETERIZATION/ANGIOPLASTY EQUIPMENT NEED DETERMINATION (REVIEW CATEGORY H)</b>
<b>10A NCAC 14B .0263</b>	<b>BURN INTENSIVE CARE SERVICES NEED DETERMINATION (REVIEW CATEGORY H)</b>
<b>10A NCAC 14B .0264</b>	<b>BONE MARROW TRANSPLANTATION SERVICES NEED DETERMINATION (REVIEW CATEGORY H)</b>
<b>10A NCAC 14B .0265</b>	<b>SOLID ORGAN TRANSPLANTATION SERVICES NEED DETERMINATION (REVIEW CATEGORY H)</b>
<b>10A NCAC 14B .0266</b>	<b>GAMMA KNIFE NEED DETERMINATION (REVIEW CATEGORY H)</b>
<b>10A NCAC 14B .0267</b>	<b>LITHOTRIPTER NEED DETERMINATION (REVIEW CATEGORY H)</b>
<b>10A NCAC 14B .0268</b>	<b>RADIATION ONCOLOGY TREATMENT CENTERS NEED DETERMINATION (REVIEW CATEGORY H)</b>
<b>10A NCAC 14B .0269</b>	<b>POSITRON EMISSION TOMOGRAPHY SCANNERS NEED DETERMINATION (REVIEW CATEGORY H)</b>
<b>10A NCAC 14B .0270</b>	<b>FIXED MAGNETIC RESONANCE IMAGING SCANNERS NEED DETERMINATION BASED ON FIXED MRI SCANNER UTILIZATION (REVIEW CATEGORY H)</b>
<b>10A NCAC 14B .0271</b>	<b>MAGNETIC RESONANCE IMAGING SCANNERS NEED DETERMINATION FOR A DEDICATED FIXED BREAST MRI SCANNER (REVIEW CATEGORY H)</b>
<b>10A NCAC 14B .0272</b>	<b>FIXED MAGNETIC RESONANCE IMAGING SCANNERS NEED DETERMINATION BASED ON MOBILE MRI SCANNER UTILIZATION (REVIEW CATEGORY H)</b>
<b>10A NCAC 14B .0273</b>	<b>NURSING CARE BED NEED DETERMINATION (REVIEW CATEGORY B)</b>
<b>10A NCAC 14B .0274</b>	<b>ADULT CARE HOME BED NEED DETERMINATION (REVIEW CATEGORY B)</b>
<b>10A NCAC 14B .0275</b>	<b>MEDICARE-CERTIFIED HOME HEALTH AGENCY OFFICE NEED DETERMINATION (REVIEW CATEGORY F)</b>
<b>10A NCAC 14B .0276</b>	<b>DIALYSIS STATION NEED DETERMINATION METHODOLOGY FOR REVIEWS BEGINNING APRIL 1, 2002</b>
<b>10A NCAC 14B .0277</b>	<b>DIALYSIS STATION NEED DETERMINATION METHODOLOGY FOR REVIEWS BEGINNING OCTOBER 1, 2002</b>
<b>10A NCAC 14B .0278</b>	<b>HOSPICE HOME CARE NEED DETERMINATION (REVIEW CATEGORY F)</b>
<b>10A NCAC 14B .0279</b>	<b>SINGLE COUNTY HOSPICE INPATIENT BED NEED DETERMINATION (REVIEW CATEGORY F)</b>
<b>10A NCAC 14B .0280</b>	<b>CONTIGUOUS COUNTY HOSPICE INPATIENT BED NEED DETERMINATION (REVIEW CATEGORY F)</b>

- 10A NCAC 14B .0281      PSYCHIATRIC BED NEED DETERMINATION (REVIEW CATEGORY C)**
- 10A NCAC 14B .0282      CHEMICAL DEPENDENCY (SUBSTANCE ABUSE) TREATMENT BED NEED  
DETERMINATION (REVIEW CATEGORY C)**
- 10A NCAC 14B .0283      CHEMICAL DEPENDENCY (SUBSTANCE ABUSE) ADULT DETOX-ONLY  
BED NEED DETERMINATION (REVIEW CATEGORY C)**
- 10A NCAC 14B .0284      INTERMEDIATE CARE BEDS FOR THE MENTALLY RETARDED NEED  
DETERMINATION (REVIEW CATEGORY C)**
- 10A NCAC 14B .0285      POLICIES FOR GENERAL ACUTE CARE HOSPITALS**

*History Note:*      *Authority G.S. 131E-176(25); 131E-177(1); 131E-183(b); 131E-183(1);  
Temporary Adoption Eff. April 8, 2002; March 15, 2002; January 1, 2002;  
Eff. April 1, ~~2003~~. 2003;  
Repealed Eff. April 1, 2012.*

10A NCAC 14B .0289 is proposed to be repealed as follows:

**10A NCAC 14B .0289      POLICIES FOR NURSING CARE FACILITIES**

*History Note:*      *Authority G.S. 131E-176(25); 131E-177(1); 131E-183(b);  
Temporary Adoption Eff. January 1, 2002;  
Eff. April 1, ~~2003~~. 2003;  
Repealed Eff. April 1, 2012.*

10A NCAC 14B .0291 - .0295 are proposed to be repealed as follows:

<b>10A NCAC 14B .0291</b>	<b>POLICIES FOR MEDICARE-CERTIFIED HOME HEALTH SERVICES</b>
<b>10A NCAC 14B .0292</b>	<b>POLICY FOR RELOCATION OF DIALYSIS STATIONS</b>
<b>10A NCAC 14B .0293</b>	<b>POLICIES FOR PSYCHIATRIC INPATIENT FACILITIES</b>
<b>10A NCAC 14B .0294</b>	<b>POLICY FOR CHEMICAL DEPENDENCY TREATMENT FACILITIES</b>
<b>10A NCAC 14B .0295</b>	<b>POLICIES FOR INTERMEDIATE CARE FACILITIES FOR MENTALLY RETARDED</b>

*History Note:* Authority G.S. 131E-176(25); 131E-177(1); 131E-183(b);  
Temporary Adoption Eff. January 1, 2002;  
Eff. April 1, ~~2003~~, 2003;  
Repealed Eff. April 1, 2012.